



County of San Bernardino • Department of Public Health
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

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COMMERCIAL SPA SPECIFICATION SHEET

PROJECT NAME/ADDRESS \_\_\_\_\_ Phone No. \_\_\_\_\_
CONTRACTOR'S NAME/ADDRESS \_\_\_\_\_ Phone No. \_\_\_\_\_
OWNER NAME/ADDRESS \_\_\_\_\_

- A. Plot Plan — Show all existing and proposed facilities (separate sheet).
B. Scale (1" = 1') — Top view and profile view required.
C. Mechanical Equipment — Include all mechanical equipment and plumbing layout on plan.
D. Ancillary Facilities — Show floor plan, plumbing and finish schedule for restrooms, showers, dressing rooms and drinking fountain.
E. 1. Spa Construction: Gunite \_\_\_\_\_ \*Other \_\_\_\_\_ ; Color - white or pastel.
2. Surface Area \_\_\_\_\_ square feet. (250 sq. ft. maximum)
3. Skimmer: Make \_\_\_\_\_ Model \_\_\_\_\_ Equalizer \_\_\_\_\_
4. Spa Capacity \_\_\_\_\_ gallons.
5. Number of Return Inlets \_\_\_\_\_ (At least 1 required.)
6. Size of main suction line at main drain \_\_\_\_\_ ; at skimmers \_\_\_\_\_ .
— Split main drain required.
7. Drain covers: Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_
F. Pump: GPM @ 60' TDH \_\_\_\_\_ HP \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
G. Filter: Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_
H. Separation Tank for DE Filters - Make \_\_\_\_\_ Model \_\_\_\_\_
1. Wastewater disposal to sewer \_\_\_\_\_ Drywell \_\_\_\_\_ \*Other \_\_\_\_\_
2. Size of drywell \_\_\_\_\_ ' X \_\_\_\_\_ '
I. Backwash via proper air gap (sight glass required).
J. Size of fill line \_\_\_\_\_ in.; equipped with approved backflow prevention device \_\_\_\_\_ .
K. Depth markers \_\_\_\_\_ (at least 2 minimum)
L. Handhold: Standard bull-nosed \_\_\_\_\_ Cantilevered deck \_\_\_\_\_ \*Other \_\_\_\_\_
M. Decking material \_\_\_\_\_ (must be 4 ft. wide with nonslip surface and a 2% slope away from spa extending around at least 50% of its perimeter). Show deck detail including drains.
N. Chlorinator: Make \_\_\_\_\_ Model \_\_\_\_\_
O. Flowmeter: Make \_\_\_\_\_ Model \_\_\_\_\_
P. Influent and effluent pressure gauges at same elevation \_\_\_\_\_
Q. Heater: Make \_\_\_\_\_ Model \_\_\_\_\_ Type face pipe \_\_\_\_\_ Size face pipe \_\_\_\_\_ in.
R. Bypass: Size bypass \_\_\_\_\_ in. Bypass valve \_\_\_\_\_ . (Bypass req. if pump gpm exceeds heater rating)
S. Equipment floor with properly trapped and vented floor drain \_\_\_\_\_ , or floor sloped to prevent standing water \_\_\_\_\_
T. A hose bibb is provided in pool area \_\_\_\_\_
U. Safety Equipment:
1. SIGNS:
a.  NO LIFEGUARD ON DUTY
b.  Warning sign regarding use of spa pool
c.  Emergency phone numbers
d.  Illustrated artificial respiration
e.  Occupant capacity
f.  A clearly labeled emergency shut-off switch for control of both the jets and the recirculation system. Note: Emergency shut-off switch shall be located at least 5 feet, but not more than 20 feet away from the spa, and within the enclosure.
2.  Pool test kit.  First Aid kit.
3.  Manufacturer's instructions for operation and maintenance of mechanical and electrical equipment.
4.  Underwater light.
5.  Spa vacuum.
6.  Fence: Minimum enclosure must be 4 ft. high, maximum openings to be 4 inches. (Including all gates and/or doors that may open onto spa.)

SHOW FENCE DETAIL.

\*SPECIAL APPROVAL REQUIRED (submit details)

NOTE: THIS SPECIFICATION SHEET MUST BE COMPLETED IN ITS ENTIRETY. AFTER APPROVAL, THIS INVENTORY SHEET BECOMES PART OF THE PLANS FOR THE PROPOSED SPA. EQUIPMENT LISTED ON PLANS MUST MATCH EQUIPMENT SHOWN HERE.

Signature of Spa Owner or Contractor